

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/10/833

FILING DATE

Nov 14, 1997

APPLICANT(S)

Airamado

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5	1					
6	1					
7	1					
8		3				
9		3				
10	1					
11	1					
12	1					
13	1					
14	1					
15		2				
16	1					
17		1				
18		2				
19	1					
20	1					
21	1					
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23		2				
24		2				
25	1					
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TOTAL IND.	15					
TOTAL DEP.		18				
TOTAL CLAIMS	33					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.												
TOTAL CLAIMS												